

TAP CLIENT INTAKE – FORM B

(**Instructions:** Place a checkmark in front of each response that applies or complete blanks where appropriate. More than one response may apply. Form may be completed by client's primary counselor or by client with counselor review.)

Provider Code _____ Client Code _____ Date Treatment Began _____

1. Client is:

- ☐ (a) Problem Gambler
☐ (b) Person Affected by Problem Gambler

2. If client is a "Person Affected by Problem Gambler," indicate relationship to Problem Gambler:

- ☐ (a) Spouse
☐ (b) Significant Other
☐ (c) Parent
☐ (d) Child
☐ (e) Other (specify): _____

3. Residence:

- _____ (a) City
_____ (b) County
_____ (c) State

4. Gender:

- ☐ (a) Male ☐ (b) Female

5. Marital Status:

- ☐ (a) Married
☐ (b) Living with Significant Other
☐ (c) Divorced
☐ (d) Separated
☐ (e) Single
☐ (f) Widowed

6. Age:

- ☐ (a) Under 18
☐ (b) 18-24
☐ (c) 25-34
☐ (d) 35-44
☐ (e) 45-54
☐ (f) 55-64
☐ (g) 65+

7. Ethnicity (optional):

- ☐ (a) African-American
☐ (b) Asian
☐ (c) Caucasian
☐ (d) Hispanic
☐ (e) Native American
☐ (f) Other (specify): _____

8. How client got to treatment: (mark all that apply):

- ☐ (a) Referral from Helpline (800-NEXT STEP)
☐ (b) Other Helpline (specify): _____
☐ (c) Referral from Az. Council on Comp. Gambling
☐ (d) Friend, former client or family member
☐ (e) Healthcare Provider
☐ (f) Gamblers Anonymous (GA)
☐ (g) Newspaper
☐ (h) Television Ad
☐ (i) Radio Ad
☐ (j) Yellow Pages/Operator
☐ (k) Office of Problem Gambling Website

☐ (l) TAP Brochure

☐ (m) Self-exclusion Packet

☐ (n) Other (specify): _____

9. Number of children in your household who are under 18:

- ☐ (a) None
☐ (b) 1
☐ (c) 2
☐ (d) 3
☐ (e) 4
☐ (f) 5 or more

10. Highest Educational Level Achieved (mark one):

- ☐ (a) Less than High School
☐ (b) Some High School
☐ (c) H.S. or G.E.D.
☐ (d) Some College
☐ (e) Assoc. Degree
☐ (f) Bachelor's Degree
☐ (g) Graduate Degree
☐ (i) Trade School
☐ (j) Other (specify): _____

11. Household Annual Income:

- ☐ (a) Under \$10,000
☐ (b) \$10,000-\$14,999
☐ (c) \$15,000-\$24,999
☐ (d) \$25,000-\$34,999
☐ (e) \$35,000-\$49,999
☐ (f) \$50,000-\$74,999
☐ (g) \$75,000-\$99,999
☐ (h) \$100,000-\$149,000
☐ (i) \$150,000+

12. Household payment defaults related to gambling debt (mark all that apply):

- ☐ (a) Bankruptcy
☐ (b) Loss of car
☐ (c) Loss of house
☐ (d) Credit card charge-offs
☐ (e) Other (specify): _____

13. Estimated household debt related to gambling:

- ☐ (a) None
☐ (b) Under \$1,000
☐ (c) \$1,000-\$4,999
☐ (d) \$5,000-\$9,999
☐ (e) \$10,000-\$19,999
☐ (f) \$20,000-\$49,999
☐ (g) \$50,000-\$99,999
☐ (h) \$100,000-\$249,999
☐ (i) \$250,000+

14. Medical Problems:

- ☐ (a) Chronic Disease (specify): _____
☐ (b) Physical Disability (specify): _____

15. Mental Health Disorder:

- ☐ (a) Depression
- ☐ (b) Bipolar
- ☐ (c) ADD or ADHD
- ☐ (d) Anxiety
- ☐ (e) Other (specify): _____

16. Special Status (mark all that apply):

- ☐ (a) Self-employed
- ☐ (b) Collect Disability Income/Workers Comp.
- ☐ (c) Attend School full-time
- ☐ (d) Veteran of Armed Services
- ☐ (e) None of the Above

17. Employment Status:

- ☐ (a) Full-time
- ☐ (b) Part-time
- ☐ (c) Not employed
- ☐ (d) Retired

18. Occupation (If retired or not employed, fill in former occupation): _____

19. Occupational area (If retired or not employed, mark former occupational area):

- ☐ (a) Homemaker
- ☐ (b) Professional/Managerial
- ☐ (c) Office/Clerical
- ☐ (d) Crafts/Technical
- ☐ (e) Service/Maintenance/Trades
- ☐ (f) Paraprofessional
- ☐ (g) Sales/Marketing
- ☐ (h) Military
- ☐ (i) Other (specify): _____

Answer the following questions ONLY if client is the Problem Gambler opposed to being the Person Affected by the Problem Gambler:

20.. History of Abuse:

- ☐ (a) Physical
- ☐ (b) Emotional
- ☐ (c) Sexual
- ☐ (d) None of the Above

21. Other past or current compulsive behaviors:

(mark all that apply)

- ☐ (a) Alcohol
- ☐ (b) Illegal Drugs
- ☐ (c) Prescription Drugs
- ☐ (d) Tobacco
- ☐ (e) Food
- ☐ (f) Shopping
- ☐ (g) Sex addiction
- ☐ (h) Other (specify): _____

22. Gambling History:

A. Age first gambled:

- ☐ (a) Under 10
- ☐ (b) 10-17
- ☐ (c) 18-24
- ☐ (d) 25-34
- ☐ (e) 35-44
- ☐ (f) 45-54
- ☐ (g) 55-64
- ☐ (h) 65+

B. Age gambling became a problem:

- ☐ (a) Under 18
- ☐ (b) 18-24
- ☐ (c) 25-34
- ☐ (d) 35-44
- ☐ (e) 45-54
- ☐ (f) 55-64
- ☐ (g) 65+

C. Gambling activities that cause the most problems (mark all that apply):

- ☐ (a) Slot Machines
- ☐ (b) Video Poker
- ☐ (c) Bingo
- ☐ (d) Card Games
- ☐ (e) Lottery
- ☐ (f) Sporting Events
- ☐ (g) Internet
- ☐ (h) Horse or dog racing
- ☐ (i) Keno
- ☐ (j) Stock market
- ☐ (k) Other (specify): _____

D. Length of gambling problem:

- ☐ (a) under 1 yr.
- ☐ (b) 1-2 yrs.
- ☐ (c) 3-5 yrs.
- ☐ (d) 6-10 yrs.
- ☐ (e) 11-15 yrs.
- ☐ (f) over 15 yrs.

23. Illegal activities and consequences, if any, related to problem gambling (mark all that apply):

- ☐ (a) Bad Checks
- ☐ (b) Theft/Embezzlement
- ☐ (c) Incarceration
- ☐ (d) Probation
- ☐ (e) Other (specify): _____
- ☐ (f) None of the Above

24. In the last 6 months have you:

- ☐ (a) Considered Suicide
- ☐ (b) Planned Suicide
- ☐ (c) Attempted Suicide
- ☐ (d) None of the Above

25. At any time in the past, have you received or participated in (mark all that apply):

- ☐ (a) Professional Problem Gambling Treatment
- ☐ (b) Mental Health Treatment
- ☐ (c) Gamblers Anonymous
- ☐ (d) Self-ban Program
- ☐ (e) None of the Above

26. Are you currently receiving or participating in:

- ☐ (a) Professional Problem Gambling Treatment
- ☐ (b) Mental Health Treatment
- ☐ (c) Gamblers Anonymous
- ☐ (d) Self-ban Program
- ☐ (e) None of the Above